

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
04/01/2014	04/30/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	13.7			Weekdays	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	3.31	3.59		*****	20.9	24.2			Weekly	CMPGRB
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	21 MO AVG	30 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	293.6	*****			Weekly	CMPGRB
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	7.16	*****	7.68			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	2.34	2.89		*****	14.8	22			Weekly	CMPGRB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	32 MO AVG	46 WKLY AVG	lb/d	*****	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	331.8	*****			Weekly	CMPGRB
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	7.18			Monthly	CMPGRB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ID0024490

PERMIT NUMBER

001-A

DISCHARGE NUMBER

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

## MONITORING PERIOD

MM/DD/YYYY

04/01/2014

MM/DD/YYYY

04/30/2014

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.32			Monthly	GRAB
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.92			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.030431		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	.0032	.0108		*****	32	50			Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.0041 MO AVG	.0082 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	61.78	686.7		1	Weekly	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.1	*****	*****			Monthly	CALCTD
81385 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
TYPED OR PRINTED					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	19.2			Weekdays	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2.44	2.14		*****	16.6	21.3			Weekly	CMPGRB
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	21 MO AVG	30 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	184.3	*****			Weekly	CMPGRB
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.87	*****	8.06			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	1.03	1.43		*****	7	12			Weekly	CMPGRB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	32 MO AVG	46 WKLY AVG	lb/d	*****	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	320	*****			Weekly	CMPGRB
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	10.2			Monthly	CMPGRB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>
<b>TYPED OR PRINTED</b>				<b>MM/DD/YYYY</b>	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
05/01/2014	05/31/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	4.38			Monthly	GRAB
00620 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	3.71			Monthly	GRAB
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****	.0247		*****	*****	*****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.0066	.0116		*****	45	90			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.0041 MO AVG	.0082 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	4.5	20.1			Weekly	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96.4	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93.7	*****	*****			Monthly	CALCTD
81385 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	21.1			Weekdays	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	2.75	3.67		*****	18.74	46.3			Weekly	CMPGRB
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	21 MO AVG	30 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	322.5	*****			Weekly	CMPGRB
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.79	*****	7.85			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	.4	.52		*****	2.75	4			Weekly	CMPGRB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	32 MO AVG	46 WKLY AVG	lb/d	*****	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	332.5	*****			Weekly	CMPGRB
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	5.25			Monthly	CMPGRB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
06/01/2014	06/30/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	24.1			Monthly	GRAB
00620 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	6.72			Monthly	GRAB
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****	.0219		*****	*****	*****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.0054	.0073		*****	35	90			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.0041 MO AVG	.0082 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	616.5	2419.2		3	Weekly	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98.6	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	85.2	*****	*****			Monthly	CALCTD
81385 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	25			Weekdays	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	.83	1.85		*****	7.57	17.7			Weekly	CMPGRB
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	21 MO AVG	30 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	248.8	*****			Weekly	CMPGRB
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.89	*****	7.81			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	.75	1.08		*****	6.8	10			Weekly	CMPGRB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	32 MO AVG	46 WKLY AVG	lb/d	*****	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	249.2	*****			Weekly	CMPGRB
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	5.4			Monthly	CMPGRB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	6.1			Monthly	GRAB
00620 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	6.09			Monthly	GRAB
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****	.017588		*****	*****	*****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.0045	.0094		*****	41	90			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.0041 MO AVG	.0082 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	203.7	435.2		2	Weekly	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	95.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	89.3	*****	*****			Monthly	CALCTD
81385 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	23.7			Weekdays	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	.57	.98		*****	5.03	7.89			Weekly	CMPGRB
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	21 MO AVG	30 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	279.75	*****			Weekly	CMPGRB
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.96	*****	7.52			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	.94	1.13		*****	8.25	11			Weekly	CMPGRB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	32 MO AVG	46 WKLY AVG	lb/d	*****	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	288.25	*****			Weekly	CMPGRB
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	5.05			Monthly	CMPGRB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>
				<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

MONITORING PERIOD	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
08/01/2014	08/31/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	43.6			Monthly	GRAB
00620 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	2.91			Monthly	GRAB
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****	.023224		*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.0034	.0076		*****	30	60			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.0041 MO AVG	.0082 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	158.3	238.2		1	Weekly	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	96.8	*****	*****			Monthly	CALCTD
81385 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b>	<b>NUMBER</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ATTN: HERMAN SMITH, DIRECTOR

ID0024490	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	21			Weekdays	GRAB
00010 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekdays	GRAB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	.3	.54		*****	2.68	3.71			Weekly	CMPGRB
00310 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	21 MO AVG	30 WKLY AVG	lb/d	*****	45 MO AVG	65 WKLY AVG	mg/L		Weekly	CMPGRB
BOD, 5-day, 20 deg. C	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	302.8	*****			Weekly	CMPGRB
00310 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
pH	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	6.93	*****	7.19			Weekdays	GRAB
00400 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekdays	GRAB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	.62	1.34		*****	5.53	12			Weekly	CMPGRB
00530 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	32 MO AVG	46 WKLY AVG	lb/d	*****	70 MO AVG	100 WKLY AVG	mg/L		Weekly	CMPGRB
Solids, total suspended	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	347.2	*****			Weekly	CMPGRB
00530 G 0 Raw Sewage Influent	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	CMPGRB
Nitrogen, ammonia total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	.0625			Monthly	CMPGRB
00610 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	CMPGRB

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		
		<b>AREA Code</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** CULDESAC, CITY OF  
**ADDRESS:** 100 6TH STREET  
 CULDESAC, ID 83524

**FACILITY:** No Associated Facility Interest**LOCATION:**

ID0024490	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>

<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
09/01/2014	09/30/2014

**DMR Mailing ZIP CODE:** 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, nitrate total [as N]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	11.4			Monthly	GRAB
00620 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	*****	6.65			Monthly	GRAB
00665 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	*****	.023316		*****	*****	*****	*****		Daily	Recorder (auto)
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	<b>SAMPLE MEASUREMENT</b>	.004	.0077		*****	36	60			Weekdays	GRAB
50060 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	.0041 MO AVG	.0082 DAILY MX	lb/d	*****	100 MO AVG	100 DAILY MX	ug/L		Weekdays	GRAB
E. coli	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	*****	13.6	80.1			Weekly	GRAB
51040 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Weekly	GRAB
Solids, suspended percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	93.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD
BOD, 20-day, percent removal	<b>SAMPLE MEASUREMENT</b>	*****	*****	*****	98.6	*****	*****			Monthly	CALCTD
81385 K 0 Percent Removal	<b>PERMIT REQUIREMENT</b>	*****	*****	*****	65 MN % RMV	*****	*****	%		Once per Monthly	CALCTD

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>		<b>DATE</b>
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>		<b>AREA Code</b> <b>NUMBER</b> <b>MM/DD/YYYY</b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CULDESAC, CITY OF

ADDRESS: 100 6TH STREET  
CULDESAC, ID 83524

FACILITY: No Associated Facility Interest

LOCATION:

ID0024490

PERMIT NUMBER

001-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

09/01/2014

MM/DD/YYYY

09/30/2014

DMR Mailing ZIP CODE: 83524

MINOR \$

DOMESTIC WASTEWATER

External Outfall

No Discharge ☐

ATTN: HERMAN SMITH, DIRECTOR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)